

STATE OF ARIZONA)
) ss.
COUNTY OF _____)

1. _____ died on _____ 20____, in
the County of _____, State of _____.
2. Affiant is the surviving spouse of decedent, or is authorized to act on behalf of such spouse.
3. No application or petition for appointment of a Personal Representative is pending or has been granted
in this state for the Estate of decedent.
4. Affiant is entitled to receive payment of any wages, salary or other compensation owing for personal
services owed to decedent, not to exceed five thousand dollars (\$5,000.00) in amount.

DATED this _____ day of _____, 20____.

City, State, Postal Code

Notary Public

GAO-36a (Revised 3/00)